

Readiness Assessment for ILHIE Direct Secure Messaging

This readiness assessment targets behavioral health providers, critical access hospitals and other providers beyond traditional medical services, preparing to exchange patient health information electronically across practice areas to provide patient-centered care for improved health outcomes. This assessment seeks to identify key steps in the transition from paper-based exchange to electronic data sharing. We recommend that providers pilot one core service for transition before converting an entire care environment to secure messaging.

All providers participating in electronic data sharing should sign up for ILHIE Direct, a secure, encrypted messaging system that is HIPAA compliant and adheres to the Illinois mental health confidentiality act as well as confidentiality for addiction treatment services (42 CFR Part 2). An electronic health record system is not necessary to use ILHIE Direct, but can be used in conjunction with ILHIE Direct to support electronic exchange via ILHIE Direct. For more information on ILHIE Direct, please check this website: ilhiedirect.net

Objectives	
1. Service Selection for Pilot Project	
	<ol style="list-style-type: none"> 1. Select a service within your organization that will be improved or enhanced through the electronic exchange of patient health information across practice areas 2. Identify all trading partners and determine which staff will serve as point on the pilot project for each partner organization 3. Confirm leadership or clinical/administrative buy-in at each partner organization
2. Trading Partners	
Providers sharing patient health information across practice areas.	<ol style="list-style-type: none"> 1. Once you have selected a service to pilot electronic exchange across practice areas, identify the trading partners that are relevant to making that service functional 2. Confirm buy-in to the pilot at the decision-making and delivery levels of staff within your organization and trading partners 3. Establish a work group involving key staff representing each trading partner to develop and monitor an action plan for the pilot; members of the work group should be in a position to lead the process re-engineering in their own organizations to coincide with pilot objectives
3. Planning & Measurement	
	<ol style="list-style-type: none"> 1. With the work group, establish a time span for the pilot, usually 5 – 12 weeks, depending on complexity, and a corresponding action plan 2. Establish baseline measures. Map the current paper-based process for exchange and establish baseline measures of time and staff involved for each process step. Develop a cost model for the current service. 3. Assign staff in each organization to monitor the new process and track/measure time savings, patient transitions of care, staff efficiency, cost benefit etc. 4. Identify metrics against which the project goals and benefits are to be measured 5. Track changes in time, staffing and costs over the course of the pilot

4. Senior or Executive Management Support	
	<ol style="list-style-type: none"> 1. Engage senior management to secure support for electronic data sharing and to conduct the pilot project 2. Identify a clinical or administrative champion to support the test pilot through implementation and contribute to bringing the new approach to scale 3. Identify the budget required for enhanced internal awareness activities and training if the service warrants it 4. If there are challenges with trading partner buy-in, ask your leadership if they will help to persuade the leadership at your partner organization to work within your exchange framework
5. EHR Readiness	If You Have An EHR
This can be either a certified or non-certified EHR. Also check to determine if your organization is using several different EHRs to integrate services within an integrated network.	<ol style="list-style-type: none"> 1. Determine your ability to export information from the system for use in electronic exchange 2. Determine if your organization is already exchanging electronically some patient information as part of an integrated network 3. Determine your organizations ability to generate a PDF (or other preferred mobile document format) from exported documents, such as a Transition of Care Document, a Continuity of Care Document or a Visit Summary Document. 4. Sign up for ILHIE Direct and make sure your trading partners do also 5. Determine if your copier or scanner has the capability of creating a PDF from a document 6. Ensure all pilot staff know how to use the scanner
5A	If You Do Not Have An EHR
	<ol style="list-style-type: none"> 1. Make sure your facility has sufficient network and internet bandwidth for the size of the practice (100Mbps for internal Ethernet and a minimum of 10MBps for a small clinic/physician practice, 25Mbps for a large physician/clinic practice, 100Mbps for a hospital. www.healthIT.gov) 2. Sign up for ILHIE Direct and make sure your trading partners do also. 3. Determine whether your organization uses electronic document management (EDMS) technology 4. Determine if your copier or scanner has the capability of creating a PDF from a document 5. Ensure all pilot staff know how to use the scanner

6. Workflow for Data Sharing	
	<ol style="list-style-type: none"> 1. Map the current paper-based process for exchange and establish baseline measures of time and staff involved for each process step 2. Craft a workflow plan with your trading partners to establish a standard process for exchanging protected health information (PHI) for the pilot 3. Select the process steps that will change with the introduction of electronic exchange through ILHIE Direct 4. Redesign the workflow to work with the interventions necessary to accommodate electronic exchange of information and develop the appropriate procedures and protocols to train staff across organizations 5. Ensure there is adequate training on the system of exchange and the new workflow to be deployed for the staff responsible for sending and receiving protected health information (PHI) across partner organizations 6. Determine if existing release of information policies are adequate or need to be updated for the proper execution of the exchange pilot 7. Update internal policies to support the care coordination efforts (privacy and security, staff guidelines, etc.) 8. Support the project team in overcoming internal cultural barriers to changed processes and workflows
7. Privacy Policy for Data Sharing	
	<ol style="list-style-type: none"> 1. Review existing internal privacy and security policy concerning the sharing of protected health information 2. Work with partners to ensure that there are clear roles in relation to managing consumer consent